

**AFP Midwest Regional Conference  
Speaker Information Form**

Name & Title: \_\_\_\_\_

Name & Company as you want it listed in the brochure and on your speakers' badge:

\_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Contact, if other than yourself: \_\_\_\_\_

Special Needs: (Vegetarian meals, non-smoking areas, wheelchair access etc.) \_\_\_\_\_

**Honorarium (if applicable)**

Make honorarium payable to:

Individual name \_\_\_\_\_ Social Security # \_\_\_\_\_

Company name \_\_\_\_\_ Federal Tax # \_\_\_\_\_

**Medical Emergency Contact**

In the event you suffer a medical emergency during the conference, please list below the names of two contacts:

Family member: Name & phone: \_\_\_\_\_

Family doctor: Name, Clinic & Phone: \_\_\_\_\_

**Acceptance of Terms as Described**

I agree with the terms as outlined on the enclosed letter of agreement. The title, times and compensation information are correct.

Signature \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_  
(Please print your name)

(Over, please)

